

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



July 13, 2016

Mr. Brian Henricksen, EMS Administrator
Napa EMS Agency
2344 Old Sonoma Road, Bldg. G
Napa, CA 94559

Dear Mr. Henricksen:

This letter is in response to your EMS plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Napa County's 2015 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with Health and Safety Code (H&SC) § 1797.105(b).

Napa County received its last full Plan approval for its 2014 plan submission. Historically, we have received EMS Plan documentation from Napa County for its 1995, 2011, and 2014 plan submissions, and most current, its 2015 plan submission.

The H&SC § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

III. Analysis of EMS System Components:

Following are comments related to Napa County's 2015 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and

H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

- | | Approved | Not Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |
1. Ambulance Zones
- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of Napa County's EMS Agency's ambulance zones.
- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Napa County may implement areas of the 2015 EMS Plan that have been approved. Pursuant to H&SC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Napa County's annual EMS Plan Update will be due on or before July 31, 2017.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Howard Backer" followed by "MD, MPH, FACEP".

Howard Backer, MD, MPH, FACEP
Director

Attachment

2015 Napa County EMS Transportation Plan
Approved

ZONE	EXCLUSIVITY	TYPE	LEVEL
EOA 1	Exclusive	X	Emergency Ambulance
Angwin Response Zone	Non-Exclusive	X	All Air Ambulance
			Standby Service with Transport Authorization
			ALS Non-Emergency and IFT
			All CCT Ambulance Services
			ALS Ambulance
			7-diggit Emergency Response
			9-1-1 Emergency Response
			All Emergency Ambulance Services
			LAALS
			ALS
			Emergency Ambulance
Napa County	Method to Achieve Exclusivity		

Napa County Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2015 Annual Update

This Page Intentionally Blank

TABLE OF CONTENTS

EXECUTIVE SUMMARY-----	4
SYSTEM ASSESSMENT FORMS-----	6
PROGRESS / OBJECTIVES-----	16
TABLES -----	20
1: SYSTEM ORGANIZATION & MANAGEMENT-----	20
2: SYSTEM ORGANIZATION & MANAGEMENT-----	29
3: STAFFING / TRAINING-----	34
4: COMMUNICATIONS -----	35
5: RESPONSE / TRANSPORTATION -----	36
6: FACILITIES / CRITICAL CARE-----	37
7: DISASTER MEDICAL -----	38
8: RESPONSE/TRANSPORTATION/PROVIDERS -----	40
9: FACILITIES -----	55
10: APPROVED TRAINING PROGRAMS -----	56
11: DISPATCH AGENCY-----	60
MAPS 61	
NAPA COUNTY AMBULANCE SERVICE ZONES -----	61

EXECUTIVE SUMMARY

The Napa County Emergency Medical Services Agency (NCEMSA) serves Napa County. This plan represents the first annual update of the Napa County Emergency Medical Services (EMS) plan since receiving approval of our EMS Plan in July 2015.

The agency's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management.
- Staffing and training.
- Communications.
- Response and transportation.
- Facilities and critical care.
- Data collection and evaluation.
- Public information and education (PIE).
- Disaster medical response.

It is an exciting time for the Napa EMS system and its partners. The Agency has built a strong and progressive response and patient care system since becoming an independent LEMSA in 2011. The full implementation is now complete of the county-wide, quality centric, high performance ambulance franchise, which is operating at record levels of on time performance. This is combined with the continued state of the art patient treatment, and tertiary care being delivered in the two hospitals in the County, resulting in patients being seen in the appropriate time, getting the high level of care they need, and being discharged quickly which is reducing mortality and morbidity. This local care includes access to Level III Trauma care, delivered in Napa County at Queen of the Valley Medical Center (QVMC).

Napa County completed a contract extension with our Exclusive Operating Area ambulance provider, American Medical Response, in March 2016. This contract extension will allow for the high performance ambulance transport system to continue providing services in Napa County until January 1, 2022. The Napa County EMS Agency also completed a transition in staff and administration during 2015. The Agency is now fully staffed after successful recruitments of an EMS Administrator, EMS Medical Director, EMS Specialist and other EMS Agency staff and contractors.

The Napa County EMS System has continued to work towards meeting the minimum standards and recommended guidelines as provided in the EMS System Assessment Forms. Improvements as requested have been made in the following specific areas:

- Standard 1.16 (Funding Mechanism)
- Standard 4.09 (Air Ambulance Dispatch Center)
- Standard 4.13 (Inter-County Response)
- Standard 5.11 (Emergency Departments)
- Standard 5.04 (Specialty Care Facilities)
- Standard 5.13 (Specialty Care Design System)
- Standard 6.03 (Pre-hospital Care Audits)
- Standard 8.05 (Distribution of Casualties)
- Standard 8.12 (Establishment of CCP)
- Standard 8.13 (Disaster Medical Training)

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS Plans. Minimum Standards are those which should be met by each Local EMS Agency. Recommended Guidelines are those which each EMS system should strive to meet whenever possible. The Napa County EMS Agency meets all of the Minimum Standards and most of the Recommended Guidelines. However, even though the local EMS system may meet a particular Minimum Standard or Recommended Guideline, there may be room for continued improvement and objectives may therefore be identified.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X	N/A		
1.02 LEMSA Mission		X	N/A		
1.03 Public Input		X	X		
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X	N/A		
1.06 Annual Plan Update		X	N/A		
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X	N/A		
1.09 Inventory of Resources		X	N/A		
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X	N/A		
1.13 Coordination		X	N/A		
1.14 Policy & Procedures Manual		X	N/A		
1.15 Compliance w/Policies		X	N/A		
System Finances:					
1.16 Funding Mechanism		X	N/A		
Medical Direction:					
1.17 Medical Direction*		X	N/A		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	N/A		
1.21	Determination of Death		X	N/A		
1.22	Reporting of Abuse		X	N/A		
1.23	Interfacility Transfer		X	N/A		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	N/A		
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**B. STAFFING/TRAINING**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X	N/A		
2.02 Approval of Training		X	N/A		
2.03 Personnel		X	N/A		
Dispatchers:					
2.04 Dispatch Training		X	X		
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X	N/A		
2.07 Medical Control		X	N/A		
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospitals:					
2.09 CPR Training		X	N/A		
2.10 Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X	N/A		
2.12 Early Defibrillation		X	N/A		
2.13 Base Hospital Personnel		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**C. COMMUNICATIONS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		X	N/A		
3.04 Dispatch Center		X	N/A		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	N/A		
Public Access:					
3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Education		X	N/A		
Resource Management:					
3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**D. RESPONSE/TRANSPORTATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	N/A		
4.04 Prescheduled Responses		X	N/A		
4.05 Response Time*		X	X		
4.06 Staffing		X	N/A		
4.07 First Responder Agencies		X	N/A		
4.08 Medical & Rescue Aircraft*		X	N/A		
4.09 Air Dispatch Center		X	N/A	X	
4.10 Aircraft Availability*		X	N/A		
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X	N/A		
4.13 Intercounty Response*		X	X		
4.14 Incident Command System		X	N/A		
4.15 MCI Plans		X	N/A		
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	N/A		
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X	N/A		
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X	N/A		
4.20 "Grandfathering"		X	N/A		
4.21 Compliance		X	N/A		
4.22 Evaluation		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**E. FACILITIES/CRITICAL CARE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X	N/A		
5.03 Transfer Guidelines*		X	N/A		
5.04 Specialty Care Facilities*		X	X	X	
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X	N/A		
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X	N/A		
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X	N/A		
5.09 Public Input		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		X	N/A		
5.11 Emergency Departments		X	X		
5.12 Public Input		X	N/A		
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		X	N/A	X	
5.14 Public Input		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**F. DATA COLLECTION/SYSTEM EVALUATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X	N/A		
6.03 Prehospital Care Audits		X	X	X	X
6.04 Medical Dispatch		X	N/A		
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X	N/A		
6.07 Provider Participation		X	N/A		
6.08 Reporting		X	N/A		
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X	X		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X	N/A		
6.11 Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		X	X		
7.02 Injury Control		X	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**H. DISASTER MEDICAL RESPONSE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		X	N/A		
8.02 Response Plans		X	X		
8.03 HazMat Training		X	N/A		
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X	X		
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X	N/A		
8.08 Inventory of Resources		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements*		X	N/A		
8.11 CCP Designation*		X	N/A		
8.12 Establishment of CCPs		X	N/A		
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Interhospital Communications		X	N/A		
8.16 Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X	N/A		
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X	N/A		

SYSTEM ASSESSMENT FORMS

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Napa County EMS Agency has established a fee schedule for personnel certification and accreditation. The EMS Agency also relies on revenue contracts for receiving and base hospitals, EMS air ambulance, and trauma and STEMI services. The funding mechanisms in use are sufficient to ensure continued operations.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Napa County has designated, through policy, CALFire – St. Helena Emergency Command Center (ECC) as the EMS Aircraft Dispatch Center. The EMS Agency has drafted an MOU with the ECC to continue to provide these services into the future.

NEED(S):

Continue to work on the execution of a formal Memorandum of Understanding with the ECC for Air Ambulance dispatch services.

OBJECTIVE:

Execution of MOU with CALFire for Air Ambulance dispatch services.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: MEETS MINIMUM STANDARD

Napa County is committed to getting the closest and most appropriate ambulance responding to 9-1-1 requests whenever possible. Agreements have been coordinated by the EMS Agency for both auto-aid and mutual-aid with Solano, Sonoma and Lake County ambulance providers.

COORDINATION WITH OTHER EMS AGENCIES:

No additional coordination is needed at this time. Current coordination exists with surrounding LEMSAs.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

There is a Level III trauma center in Napa County. Two (2) STEMI receiving facilities are designated in Napa County. Napa County has developed Agreement Standards for specialty service delivery in the County. These Agreement Standards include appropriate oversight cost reimbursement by service providers.

COORDINATION WITH OTHER EMS AGENCIES:

Transport to specialty centers in neighboring counties is accomplished through notification and agreement with those jurisdictions and facilities.

NEED(S):

The Napa County EMS Agency has been working with local hospitals to develop a Stroke System of Care. It is anticipated to complete this work in early 2017.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Napa County EMS Agency has established policy for identifying emergency departments which meet standards for pediatric care, pediatric critical care and pediatric trauma care. Local hospitals were surveyed in 2014 to ensure they were meeting the EMS-C guidelines for pediatric emergency medical care. Facilities in Napa County have utilized Maddy Fund and Richies Fund allocations to purchase new pediatric equipment and to assist with pediatric training in their facilities.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Facilities and/or transfer agreements exist for trauma services; Napa County EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans. A plan for identification of certain cardiac conditions (STEMI) by paramedic personnel using equipment that provides a 12-lead electrocardiogram (ECG) and transportation to designated hospitals staffed and equipped to provide immediate specialty care for the patients has been implemented. The EMS Agency is working to establish a Stroke System of Care by early 2017.

NEED(S):

Continue development of a Stroke System of Care.

OBJECTIVE:

Implementation of a Stroke System of Care by early 2017.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
 Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: MEETS MINIMUM STANDARDS

The quality assurance system, serves to monitor both operational and clinical compliance. The electronic record fully integrates with CAD data. The EMS Agency currently uses FirstWatch data integration to link CAD, first responder and ambulance transport data due to different providers using different ePCR vendors. There is not currently a mechanism in place to connect these records within-patient and discharge records. Napa County EMS Agency currently has a Request For Proposal (RFP) out for ePCR services to be used by all 9-1-1 providers in the County.

NEEDS:

Continue development towards a single unified ePCR solution for all 9-1-1 providers in Napa County. Napa County has been working closely with the regional Health Information Organization (ConnectHealthcare) to identify a strategy to implement Health Information Exchange in Napa County.

OBJECTIVE:

Implementation of a single, unified ePCR system by mid-2017.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: MEETS MINIMUM STANDARDS

The EMS Agency, as part of its MCI Plan, has a detailed process including specific patient distribution methods and calculations for all regional receiving hospital facilities. The plan identifies specialty care facilities (trauma, stroke, and STEMI). Local EMS Agency policy has established treatment and transportation plans for the treatment of patients with radiation and chemical contamination.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring counties as required/needed.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

Several sites have been identified in policy. There are plans in place for utilizing these sites as CCPs, PODs, and general shelters. The Napa County EMS Agency continues to work with County Public Health Preparedness and local Office of Emergency Services to enhance communications with these sites. Regular meetings have been held through the Hospital Preparedness Program Coalition to establish the current CCP Communication process.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: MEETS MINIMUM STANDARD

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training institutions conduct MCI training on a regular basis. Personal protection equipment (PPE) for EMS providers is readily available and regularly used. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The EMS Agency assists with regular MCI exercises throughout the year. Multiple casualty management is an annual training focus each year in the EMS system.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.16	Please indicate that funding mechanisms identified in 'Current Status' are sufficient to ensure continued operations and that EMS Fund is maximized in next submission.	X	N/A	The Napa County EMS Agency has established a fee schedule for personnel certification and accreditation. The EMS Agency also relies on revenue contracts for receiving and base hospitals, EMS air ambulance, and trauma and STEMI services. The funding mechanisms in use are sufficient to ensure continued operations.	
4.09	In next submission please indicate progress on short-term plans identified in needs and objectives sections.	X	Short Range	Napa County has designated, through policy, CALFire – St. Helena Emergency Command Center (ECC) as the EMS Aircraft Dispatch Center. The EMS Agency has drafted an MOU with the ECC to continue to provide these services into the future.	Execution of MOU with CALFire for Air Ambulance dispatch services.
4.13	In next submission please indicate progress on short-term plans identified in needs and objectives sections.	X	N/A	Napa County is committed to getting the closest and most appropriate ambulance responding to 9-1-1 requests whenever possible. Agreements have been coordinated by the EMS Agency for both auto-aid and mutual-aid with Solano, Sonoma and Lake County ambulance providers.	
5.04	In next submission please indicate progress on short-term plans identified in needs and objectives sections.	X	Short-Range	There is a Level III trauma center in Napa County. Two (2) STEMI receiving facilities are designated in Napa County. Napa County has developed Agreement Standards for specialty service delivery in the County. These Agreement Standards include appropriate oversight cost reimbursement by service providers.	The Napa County EMS Agency has been working with local hospitals to develop a Stroke System of Care. It is anticipated to complete this work in early 2017.

5.11	Response in 'Current Status' does not clearly indicate that minimum standards exist as outlined in Standard 5.11. In next submission please clearly indicate that minimum standards exist and address areas specified.	X	N/A	The Napa County EMS Agency has established policy for identifying emergency departments which meet standards for pediatric care, pediatric critical care and pediatric trauma care. Local hospitals were surveyed in 2014 to ensure they were meeting the EMS-C guidelines for pediatric emergency medical care. Facilities in Napa County have utilized Maddy Fund and Richies Fund allocations to purchase new pediatric equipment and to assist with pediatric training in their facilities.	Implementation of a Stroke System of Care by early 2017.
5.13	In next submission please indicate progress on short-term plans identified in needs and objectives sections.	X	Short-Range	Facilities and/or transfer agreements exist for trauma services; Napa County EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans. A plan for identification of certain cardiac conditions (STEMI) by paramedic personnel using equipment that provides a 12-lead electrocardiogram (ECG) and transportation to designated hospitals staffed and equipped to provide immediate specialty care for the patients has been implemented. The EMS Agency is working to establish a Stroke System of Care by early 2017.	Implementation of a single, unified ePCR system by mid-2017.
6.03	In next submission please indicate progress on long-term plans identified in needs and objectives sections.	X	Short-Range Long-Range	The quality assurance system, serves to monitor both operational and clinical compliance. The electronic record fully integrates with CAD data. The EMS Agency currently uses FirstWatch data integration to link CAD, first responder and ambulance transport data due to different providers using different ePCR vendors. There is not currently a mechanism in place to connect these records within-patient and discharge records. Napa County EMS Agency currently has a Request For Proposal (RFP) out for ePCR services to be used by all 9-1-1 providers in the County.	Napa County EMS Agency Emergency Medical Services System Plan 2016

	In next submission please indicate progress on short-term plans identified in needs and objectives sections.	X	N/A	The EMS Agency, as part of its MCI Plan, has a detailed process including specific patient distribution methods and calculations for all regional receiving hospital facilities. The plan identifies specialty care facilities (trauma, stroke, and STEMI). Local EMS Agency policy has established treatment and transportation plans for the treatment of patients with radiation and chemical contamination.
8.05	Current status indicated as not currently met and need indicated for establishment of communication plan with Casualty Collection Points. Please provide progress update on objective in next submission.	X	N/A	Several sites have been identified in policy. There are plans in place for utilizing these sites as CCPs, PODs, and general shelters. The Napa County EMS Agency continues to work with County Public Health Preparedness and local Office of Emergency Services to enhance communications with these sites. Regular meetings have been held through the Hospital Preparedness Program Coalition to establish the current CCP Communication process.
8.12	Please ensure reviewed training includes proper casualty management as outlined in Minimum Standard in next submission.	X	N/A	The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training institutions conduct MCI training on a regular basis. Personal protection equipment (PPE) for EMS providers is readily available and regularly used. In conjunction with the new all-hazard triage tags, practice “Triage Tag” orientation takes place regularly. The EMS Agency assists with regular MCI exercises throughout the year. Multiple casualty management is an annual training focus each year in the EMS system.
8.13	Please ensure reviewed training includes proper casualty management as outlined in Minimum Standard in next submission.	X	N/A	The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training

	Standard in next submission.	institutions conduct MCI training on a regular basis. Personal protection equipment (PPE) for EMS providers is readily available and regularly used. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The EMS Agency assists with regular MCI exercises throughout the year. Multiple casualty management is an annual training focus each year in the EMS system.
--	------------------------------	--

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2015

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

COUNTY: NAPA COUNTY

- | | |
|---|------|
| A. Basic Life Support (BLS) | 0% |
| B. Limited Advanced Life Support (LALS) | 0% |
| C. Advanced Life Support (ALS) | 100% |
2. Type of agency
 - a) Public Health Department
 - b) County Health Services Agency**
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____
 3. The person responsible for day-to-day activities of the EMS agency reports to
 - a) **Public Health Officer**
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____
 4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|-------|
| Implementation of exclusive operating areas (ambulance franchising) | X |
| Designation of trauma centers/trauma care system planning | X |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | X |
| Development of transfer agreements | X |
| Enforcement of local ambulance ordinance | X |
| Enforcement of ambulance service contracts | X |
| Operation of ambulance service | _____ |
| Continuing education | X |
| Personnel training | X |
| Operation of oversight of EMS dispatch center | X |
| Non-medical disaster planning | X |
| Administration of critical incident stress debriefing team (CISD) | _____ |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 391,570
Contract Services (e.g. medical director)	101,600
Operations (e.g. copying, postage, facilities)	38,387
Travel	5,000
Fixed assets	0
Indirect expenses (overhead)	5,850
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	370,000
Dispatch center operations (non-staff)	0
Training program operations	0
Other: A87 Charges	41,198
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ 953,605

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ 0
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	41,198
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	12,000
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	21,787

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	0
Trauma center designation fees	30,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	20,000
Type: STEMI	
Other critical care center designation fees	5,000
Type: Recieving	
Ambulance service/vehicle fees	213,000
Contributions	700
EMS Fund (SB 12/612)	486,250
Other (specify): Medi-Cal Administrative Activities	104,514
Other (specify): Sales Tax Realignment	19,156
 TOTAL REVENUE	 \$ 953,605

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees
 Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	0
EMT-I certification	155
EMT-I recertification	117
EMT-defibrillation certification	n/a
EMT-defibrillation recertification	n/a
AEMT certification	n/a
AEMT recertification	n/a
EMT-P accreditation	200
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	0
MICN/ARN recertification	0
EMT-I training program approval	0
AEMT training program approval	0
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	21,787
Trauma center application	0
Trauma center designation	30,000
Pediatric facility approval	n/a
Pediatric facility designation	n/a
Other critical care center application	15,000
Type: STEMI	
Other critical care center designation	
Type: Receiving	5,000
Ambulance service license	2,500
Ambulance vehicle permits	250/vehicle
Other: Ambulance Franchise Fee	25,000
Other: Ambulance Franchise Oversight Per Transport Fee	15/transport

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	\$58.95	33%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist	1.0	\$46.54	33%	
Trauma Coordinator	Systems of Care Coordinator	.3	\$60.00		\$38,000 allocated per year. Contracted position, no benefits
Medical Director					
Other MD/Medical Consult/Training Medical Director	EMS Medical Director	.25	\$125.00		\$62,300 allocated per year. Contracted position, no benefits
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Staff Services Analyst II	.1	\$37.89	33%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Senior Office Assistant	1.0	\$24.10	33%	
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

PUBLIC HEALTH DIVISION

Reports to HHSA Director

**DEP DIR of HHSA -
PUBLIC HEALTH OFFICER**

PHMGR
Merchen, H
20001.2040

Relucio, K
20001.1777

MED SECRETARY
Freethey, J
20001.2280

MED SECRETARY
Barker, K
EH 20001.X484

- MATERNAL CHILD &
ADOLESCENT HEALTH
CENTER
- WOMEN INFANTS & CHILDREN

- CHILDREN'S MEDICAL SERVICES

SUP THERAPIST
Howard, P
20001.1753

MTU
20001.0979

SR THERAPIST
Delimage, P
20001.1008

CMS
20001.0979

MED SECRETARY
Ruiz-Marquez, B
Bil 20001.1008

MED SECRETARY
Ramirez, M
Bil 20001.1010

MED SECRETARY
Gonzalez, L
Bil 20001.1736

PT
Rabello, M
20001.0981

PT *
Winchell, K
20001.0982

PT *
De Los Santos, J
(0.8)
20001.0980

MED SECRETARY
Camacho, C
Bil 20001.1738

OT (.55)*
Miller, M
(.5)
20001.2487

EH _____
- OT — -
(VACANT)
20001.X476

- PH LABORATORY
- INDIGENT CARE CONTRACTS
- GENERAL HEALTH EDUCATION

PH continued on next page

PHN MGR/PHN DIR
Keller, L
20001.0824

WIC COORD
Haug Said, J
20001.0976

PH NUTR
(VACANT)
20001.0978

HLTH EDUC SPEC
Martinez, K
Bil 20001.1854

SR OA
(VACANT)
Bil 20001.1005

OA II
Gonzalez, C
Bil 20001.1006

STAFF NURSE
Robinson, Y
20001.0970

STAFF NURSE (.8)
Quiroga, K
20001.1962

PHN (.5)
(VACANT)
20001.1788

HS NURS SUP
Szalay, S
20001.0961

MCAH
Snider, M
(.9)
20001.0963

PHN*
Read, J
20001.0966

COM AIDE
Fernandez, A.
Bil 20001.0997

COM AIDE
Luna, C
Bil 20001.1000

COM AIDE
Hernandez, R
Bil 20001.0999

COM AIDE
Flores, S
Bil 20001.2191

COM HLTH ASST
Contreras, M
Bil 20001.0971

COM HLTH ASST
Caballero, A
Bil 20001.0964

PHN
(VACANT)
20001.X334

SSA I
Sevilla, B
Bil 20001.2199

OII (TCCC)
Brown, H
Bil 20001.1737

OT (TCCC)
Cuenca, J
EH 20001.X234

PHN
(VACANT)
20001.0966

COM HLTH ASST
Monge-Fern, W
Bil 20001.0998

COM HLTH ASST
Conteras, M
Bil 20001.0971

PH NUTR
Giovando, E
EH 20001.X456

SR OA
Adams, C
Bil 20001.2059

EH _____
- OT — -
(VACANT)
20001.X476

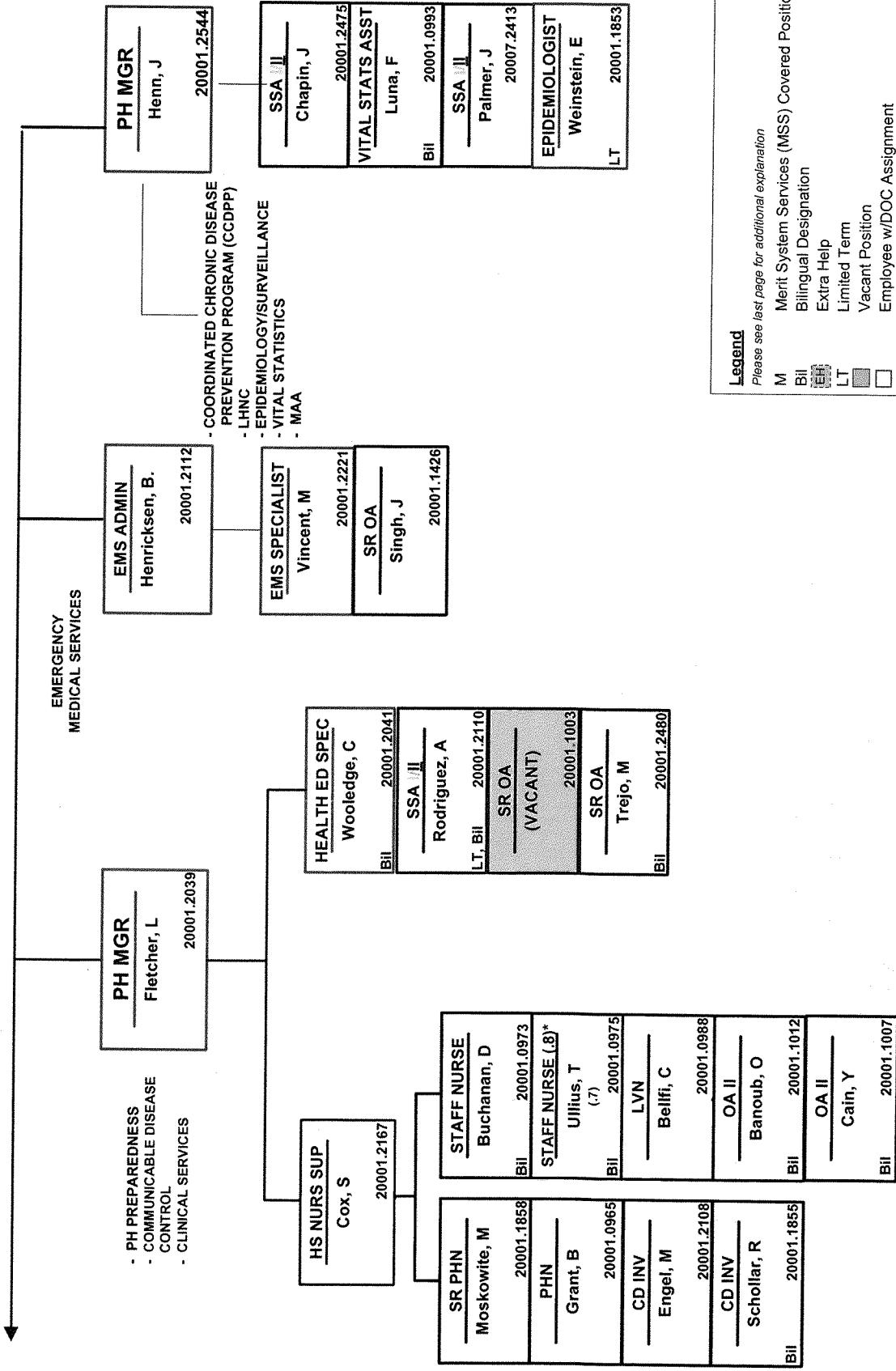
Legend
Please see last page for additional explanation

M Merit System Services (MSS) Covered Position
Bil Bilingual Designation
LT Limited Term
Extra Help
Vacant Position
Employee w/DOC Assignment
FTE Under-fil
Under-allocation (Position Under-fil)

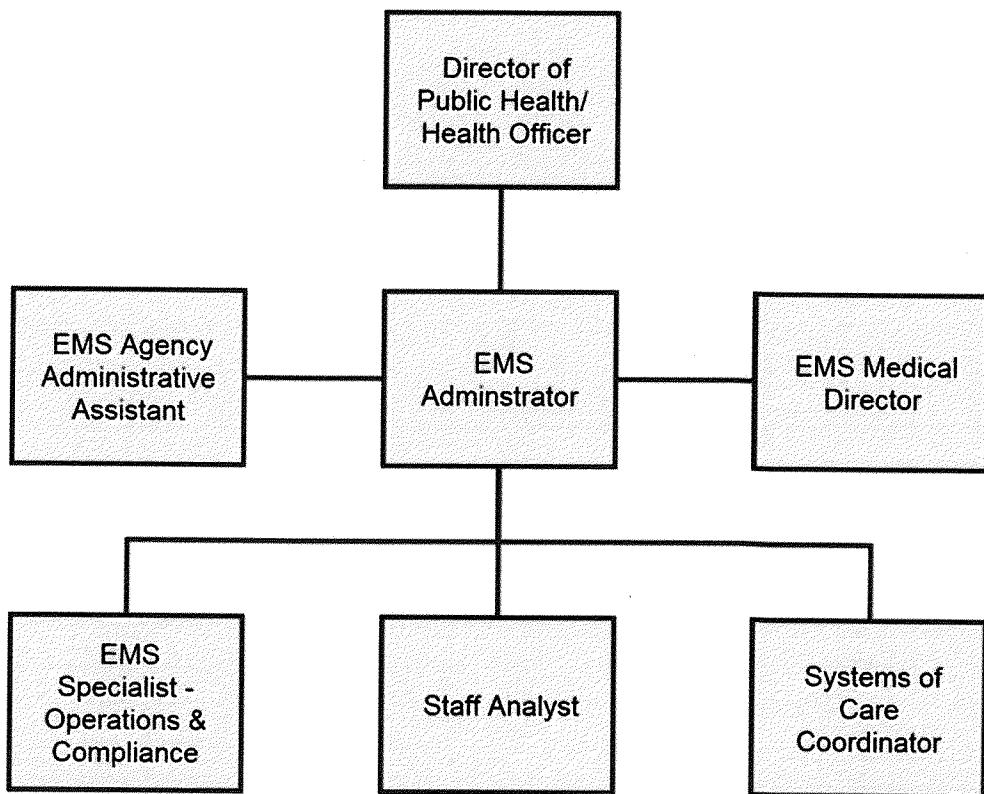
PUBLIC HEALTH DIVISION

PH continued from previous page

Reports to PH Officer



Napa County EMS Agency Organization Chart



Director of Public Health/Health Officer: Dr. Karen Relucio

EMS Administrator: Brian Henricksen, EMT-P

EMS Medical Director (contractor): Dr. Peter Benson

EMS Agency Administrative Assistant: Jaswinder Singh

EMS Specialist: Shaun Vincent, EMT-P

Staff Analyst (10% to EMS Agency): Alicia Rodriguez

Systems of Care Coordinator (contractor): Pamela Dodson, RN

TABLE 3: STAFFING/TRAINING

Reporting Year: 2015

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified				
Number newly certified this year	36			
Number recertified this year	76			
Total number of accredited personnel on July 1 of the reporting year			19	
Number of certification reviews resulting in:				
a) formal investigations				
b) probation				
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken				

1. Early defibrillation:
 - a) Number of EMT-I (defib) authorized to use AEDs 215 Pending
 - b) Number of public safety (defib) certified (non-EMT-I) ✓ yes no
2. Do you have an EMR training program

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Napa

Reporting Year: 2015

1. Number of primary Public Service Answering Points (PSAP)	3
2. Number of secondary PSAPs	1
3. Number of dispatch centers directly dispatching ambulances	1
4. Number of EMS dispatch agencies utilizing EMD guidelines	1
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies? City of Napa Police Department	
7. Who is your primary dispatch agency for a disaster? City of Napa Police Department	
8. Do you have an operational area disaster communication system?	✓ Yes <input type="checkbox"/> No
a. Radio primary frequency 155.835 / 154.415	
b. Other methods Cellular, Satellite Phone, EMSystems, ARES/RACES	
c. Can all medical response units communicate on the same disaster communications system?	✓ Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	✓ Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	✓ Yes <input type="checkbox"/> No
1) Within the operational area?	✓ Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	✓ Yes <input type="checkbox"/> No
	✓ Yes <input type="checkbox"/> No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2015

Note: Table 5 is to be reported by agency.**EARLY DEFIBRILLATION PROVIDERS**

1. Number of EMT-Defibrillation providers 3

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	Urban Zone	Suburban Zone	Rural Zone	Wilderness Zone
BLS (CPR/AED) Capable First Responders	N/A*	N/A*	N/A*	N/A*
Priority 1**	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2**	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3**	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4**	+/- 15:00 minutes	-	-	-
Priority 1 with ALS First Response**	10:00 minutes	12:30 minutes	18:45 minutes	60:00 minutes
Priority 2 with ALS First Response**	15:00 minutes	18:45 minutes	31:15 minutes	60:00 minutes

*No mechanism exists for the collection of response time data from first response agencies – except for ALS first response

**Napa EOA response time standard which is triggered by the EMD call determinant

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2015

NOTE: Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	137
2. Number of major trauma victims transported directly to a trauma center by ambulance	118
3. Number of major trauma patients transferred to a trauma center	
4. Number of patients meeting triage criteria who weren't treated at a trauma center	0

Emergency Departments

Total number of emergency departments	2
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	1
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	1

TABLE 7: DISASTER MEDICAL

Reporting Year: 2015

County: Napa County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Veteran's Home – Yountville, County Fairgrounds, Napa State Hospital, and several high schools throughout the County

b. How are they staffed? Medical Reserve Corp, Red Cross, Public Health Staff, EMS System

c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD

Do you have a CISD provider with 24 hour capability? Yes No

3. Medical Response Team

a. Do you have any team medical response capability? Yes No

b. For each team, are they incorporated into your local response plan? Yes No

c. Are they available for statewide response? Yes No

d. Are they part of a formal out-of-state response system? Yes No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? Yes No

b. At what HazMat level are they trained? First Responder/Operational Yes No

c. Do you have the ability to do decontamination in an emergency room? Yes No

d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4

3. Have you tested your MCI Plan this year in a:

a. Real event? Yes No

b. Exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
Provider mutual aid agreements are in place with Sonoma, Lake and Solano Counties.
5. Do you have formal agreements with hospitals in your operational area
to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your
operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? Health & Human Services
8. If your agency is not in the Health Department, do you have a plan to
coordinate public health and environmental health issues with the Health
Department? N/A

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County		Provider:	American Canyon Fire District		Response Zone:	American Canyon Fire Protection District & Mutual Aid with Vallejo in Solano County	
Address:	225 James Road American Canyon, CA 94589		Number of Ambulance Vehicles in Fleet:	1		<u>(Surge ambulance provided by AMR)</u>		
Phone Number:	707-551-0650		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	0				
Written Contract:		Medical Director:		System Available 24 Hours:		Level of Service:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit CCT <input type="checkbox"/> Air <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit CCT <input type="checkbox"/> Water		
Ownership:		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Private <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal <input type="checkbox"/> Rotary Wing Explain: _____ <input type="checkbox"/> Fixed Wing		If Public:		If Air:		
						Air Classification:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal <input type="checkbox"/> Rotary Wing Explain: _____ <input type="checkbox"/> Fixed Wing		<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> ALS Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> BLS Rescue				
Transporting Agencies:								
1,618 <input type="checkbox"/> Total number of responses 1,047 <input type="checkbox"/> Number of emergency responses 571 <input type="checkbox"/> Number of non-emergency responses				1 <input type="checkbox"/> Total number of transports 1 <input type="checkbox"/> Number of emergency transports 0 <input type="checkbox"/> Number of non-emergency transports				
Air Ambulance Services								
n/a <input type="checkbox"/> Total number of responses n/a <input type="checkbox"/> Number of emergency responses n/a <input type="checkbox"/> Number of non-emergency responses				n/a <input type="checkbox"/> Total number of transports n/a <input type="checkbox"/> Number of emergency transports n/a <input type="checkbox"/> Number of non-emergency transports				

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Napa County	Provider: American Medical Response	Response Zone: EOA 1
Address: 841 Latour Court Suite D Napa, CA 94559	Number of Ambulance Vehicles in Fleet: 19 (+3 Quick Response Vehicles)	
Phone Number: 707-501-5280	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8	

Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:	
✓ Yes	□ No	✓ Yes □ No	✓ Yes □ No	✓ Transport	✓ ALS ✓ 9-1-1 ✓ Ground
				□ Non-Transport	✓ BLS ✓ 7-Digit □ Air ✓ CCT □ Water
				✓ IFT	
Ownership:		If Public:	If Public:	If Air:	Air Classification:
□ Public	□ Fire	□ City	□ County	□ Rotary	□ Auxiliary Rescue
✓ Private	□ Law	□ State	□ Fire District	□ Fixed Wing	□ Air Ambulance
		□ Other	□ Federal	□ ALS Rescue	
		Explain: _____		□ BLS Rescue	

Transporting Agencies

Air Ambulance Services	n/a	Total number of transports
	n/a	Number of emergency transports
	2,182	Number of non-emergency transports
Total number of responses	11,018	Total number of transports
Number of emergency responses	8,836	Number of emergency transports
Number of non-emergency responses	2,182	Number of non-emergency transports

Total number of responses	n/a	Total number of transports
Number of emergency responses	n/a	Number of emergency transports
Number of non-emergency responses	n/a	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	Angwin Community Ambulance
Address:	275 College Avenue (PO Box 947) Angwin, CA 94508	Number of Ambulance Vehicles in Fleet:	3
Phone Number:	707-965-9110	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	1

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> IFT
<u>Ownership:</u>		<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<u>Transporting Agencies:</u>				
218	Total number of responses	148	Total number of transports	
218	Number of emergency responses	148	Number of emergency transports	
0	Number of non-emergency responses	0	Number of non-emergency transports	
<u>Air Ambulance Services</u>				
n/a	Total number of responses	n/a	Total number of transports	
n/a	Number of emergency responses	n/a	Number of emergency transports	
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports	

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	Calistoga Fire Department	Response Zone:	City of Calistoga
Address:	1232 Washington Street Calistoga, CA 94515				
Phone Number:	707-942-2822				

Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership:		If Public:	If Public:	If Air:	
✓ Public □ Private	✓ Fire □ Law □ Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies					
454	Total number of responses	n/a	Total number of transports		
454	Number of emergency responses	n/a	Number of emergency transports		
0	Number of non-emergency responses	n/a	Number of non-emergency transports		
Air Ambulance Services					
n/a	Total number of responses	n/a	Total number of transports		
n/a	Number of emergency responses	n/a	Number of emergency transports		
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports		

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Napa County	Provider: Calstar	Response Zone: Napa County and surrounding region
Address: 4933 Bailey Loop McClellan CA 95652	Number of Ambulance Vehicles in Fleet: 10	
Phone Number: 707-942-2822	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 in region	

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes ✓ No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Transport <input type="checkbox"/> Non-Transport	✓ ALS ✓ 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> 7-Digit ✓ Air <input type="checkbox"/> Water
<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public ✓ Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> ✓ Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

n/a	Total number of responses
n/a	Number of emergency responses
n/a	Number of non-emergency responses
30	Total number of transports
23	Number of emergency transports
7	Number of non-emergency transports

<u>Air Ambulance Services</u>	
6	Total number of transports
4	Number of emergency transports
2	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	CHP – Golden Gate Division	Response Zone:	Napa County surrounding region.					
Address:	3500 Airport Road Napa, CA 94558	Number of Ambulance Vehicles in Fleet: 2								
Phone Number:	707-257-0103	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1								
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No			System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No					
					<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit	<input type="checkbox"/> Ground <input type="checkbox"/> CCT	<input type="checkbox"/> Air <input type="checkbox"/> IFT	<input type="checkbox"/> Water
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> Law <input type="checkbox"/> County <input type="checkbox"/> Other <input type="checkbox"/> Fire District Explain: _____			If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			
Transporting Agencies										
n/a	Total number of responses	n/a	Total number of transports							
n/a	Number of emergency responses	n/a	Number of emergency transports							
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports							
Air Ambulance Services										
22	Total number of responses	22	Total number of transports							
22	Number of emergency responses	22	Number of emergency transports							
0	Number of non-emergency responses	0	Number of non-emergency transports							

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	Falck-Verihealth	Response Zone:	Napa County
Address:	2235 Montecito Ave Santa Rosa, CA 95404	Number of Ambulance Vehicles in Fleet:			30
Phone Number:	707-766-2426	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:			3

Written Contract:		Medical Director:	System Available 24 Hours:			Level of Service:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> 7-Digit	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Water
Ownership:		If Public:	If Public:	If Air:	Air Classification:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue		
Transporting Agencies								
960	Total number of responses	766	Total number of transports					
0	Number of emergency responses	0	Number of emergency transports					
960	Number of non-emergency responses	766	Number of non-emergency transports					
Air Ambulance Services								
n/a	Total number of responses	n/a	Total number of transports					
n/a	Number of emergency responses	n/a	Number of emergency transports					
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports					

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	Falcon CCT	Response Zone:	Napa County
Address:	3508 San Pablo Dam Rd. El Sobrante, CA 94803	Number of Ambulance Vehicles in Fleet:			7
Phone Number:	510-223-1171	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:			2

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>	
<input type="checkbox"/> Yes ✓ No	<input type="checkbox"/> Yes ✓ No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Non-Emergency
<u>Ownership:</u>		<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	
<input type="checkbox"/> Public ✓ Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
<u>Transporting Agencies</u>					
126	Total number of responses	n/a	Total number of transports		
0	Number of emergency responses	n/a	Number of emergency transports		
126	Number of non-emergency responses	n/a	Number of non-emergency transports		
<u>Air Ambulance Services</u>					
n/a	Total number of responses	n/a	Total number of transports		
n/a	Number of emergency responses	n/a	Number of emergency transports		
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports		

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County		Provider:	CalFire/Napa County Fire Department	Response Zone:	Unincorporated and contracted cities within Napa County
Address:	1199 Big Tree Road St. Helena, CA 94574		Number of Ambulance Vehicles in Fleet:	0		
Phone Number:	707-529-9689		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	0		
Written Contract:		Medical Director:	System Available 24 Hours:		Level of Service:	
<input type="checkbox"/> Yes ✓ No		✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership:		If Public:	If Public:	If Air:	Air Classification:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies						
3,146	Total number of responses		n/a	Total number of transports		
3,146	Number of emergency responses		n/a	Number of emergency transports		
0	Number of non-emergency responses		n/a	Number of non-emergency transports		
Air Ambulance Services						
n/a	Total number of responses		n/a	Total number of transports		
n/a	Number of emergency responses		n/a	Number of emergency transports		

n/a _____ Number of non-emergency responses

n/a _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	Napa State Hospital	Response Zone:	N/A
Address:	2100 Napa-Vallejo Highway Napa, CA 94559				
Phone Number:	707-253-5235				

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
				<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
						<input type="checkbox"/> CCT	<input type="checkbox"/> Water
						<input type="checkbox"/> IFT	
<u>Ownership:</u>		<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>		
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue		
<input type="checkbox"/> Private	<input type="checkbox"/> Law	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance		
	<input type="checkbox"/> Other	<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue		
	Explain: Hospital				<input type="checkbox"/> BLS Rescue		
<u>Transporting Agencies</u>							
592	Total number of responses		190	Total number of transports			
519	Number of emergency responses		120	Number of emergency transports			
73	Number of non-emergency responses		70	Number of non-emergency transports			
<u>Air Ambulance Services</u>							
<u>n/a</u>	Total number of responses		<u>n/a</u>	Total number of transports			
<u>n/a</u>	Number of emergency responses		<u>n/a</u>	Number of emergency transports			
<u>n/a</u>	Number of non-emergency responses		<u>n/a</u>	Number of non-emergency transports			

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County		Provider:	Napa City Fire Department		Response Zone:	Napa City Limits	
Address:	PO Box 660 Napa, CA 94559		Number of Ambulance Vehicles in Fleet:		1 (Surge ambulance provided by AMR)			
Phone Number:	707-257-9598		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		0			
Written Contract:		Medical Director:	System Available 24 Hours:		Level of Service:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water	
Ownership:		If Public:	If Public:	If Air:	Air Classification:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue		
Transporting Agencies								
$\frac{6,228}{5,709}$		Total number of responses Number of emergency responses			$\frac{0}{0}$	Total number of transports Number of emergency transports		
$\frac{519}{n/a}$		Number of non-emergency responses			$\frac{0}{0}$	Number of non-emergency transports		
Air Ambulance Services								
$\frac{n/a}{n/a}$		Total number of responses Number of emergency responses			$\frac{n/a}{n/a}$	Total number of transports Number of emergency transports		

n/a _____ Number of non-emergency responses

n/a _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County		Provider:	Piner's Ambulance		Response Zone:	Napa County	
Address:	2100 Pueblo Street Napa, CA 94558		Number of Ambulance Vehicles in Fleet:	2				
Phone Number:	707-224-3123		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	1				

<u>Written Contract:</u>		<u>Medical Director:</u>		<u>System Available 24 Hours:</u>		<u>Level of Service:</u>	
<input type="checkbox"/> Yes ✓ No		<input type="checkbox"/> Yes ✓ No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u>		<u>If Public:</u>		<u>If Public:</u>		<u>If Air:</u>	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District		<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
<u>Air Classification:</u>							
<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue							

Transporting Agencies

1,519	Total number of responses	1,180	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
1,519	Number of non-emergency responses	1,180	Number of non-emergency transports

Air Ambulance Services

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County		Provider:	Reach	Response Zone:	Northern California
Address:	451 Aviation Blvd, Suite 101 Santa Rosa, CA 95403		Number of Ambulance Vehicles in Fleet: 11 in Northern California (8 RW, 3 FW)			
Phone Number:	707-324-2400		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2			

Written Contract:		Medical Director:		System Available 24 Hours:		Level of Service:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance	
Ownership:		If Public:		If Public:		If Air:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District		<input checked="" type="checkbox"/> Rotary Wing <input checked="" type="checkbox"/> Fixed Wing	
Transporting Agencies							
n/a	Total number of responses		n/a	Total number of transports			
n/a	Number of emergency responses		n/a	Number of emergency transports			
n/a	Number of non-emergency responses		n/a	Number of non-emergency transports			
Air Ambulance Services							
119	Total number of responses		81	Total number of transports			
35	Number of emergency responses		12	Number of emergency transports			
84	Number of non-emergency responses		69	Number of non-emergency transports			

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Napa County	Provider:	St. Helena Fire Department	Response Zone:	St. Helena City Limits and surrounding area
Address:	1480 Main Street St. Helena, CA 94574	Number of Ambulance Vehicles in Fleet:	0		
Phone Number:	707-967-2880	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	0		

Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS
				<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
				<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> CCT	<input type="checkbox"/> Water
				<input type="checkbox"/> IFT	
Ownership:		If Public:	If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue
<input type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance
	<input type="checkbox"/> Other	<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue
	Explain: _____				<input type="checkbox"/> BLS Rescue
Transporting Agencies					
403	Total number of responses	n/a	Total number of transports	n/a	
403	Number of emergency responses	n/a	Number of emergency transports	n/a	
0	Number of non-emergency responses	n/a	Number of non-emergency transports	n/a	
Air Ambulance Services					
n/a	Total number of responses	n/a	Total number of transports	n/a	
n/a	Number of emergency responses	n/a	Number of emergency transports	n/a	

n/a	Number of non-emergency transports
n/a	Number of non-emergency responses

TABLE 9: FACILITIES

County: Napa County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Queen of the Valley Medical Center (QVMC)
Address: 1000 Trancas Street
Napa, CA 94558

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center1</u>		<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
EDAP2 PICU3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u>		<u>Stroke Center:</u>	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

- 1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
- 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Napa County

Note: Complete information for each facility by county. Make copies as needed.

Facility: St. Helena Hospital (SHH)
Address: 10 Woodland Road
St. Helena, CA 94574

<u>Written Contract:</u>		<u>Service:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	
		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<u>Burn Center:</u>	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<u>If Trauma Center what level:</u>	
		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>Pediatric Critical Care Center:</u>		<u>Trauma Center:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>STEMI Center:</u>		<u>Stroke Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

5 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standard

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Napa County EMS Agency Emergency Medical Services System Plan 2016

TABLE 10: APPROVED TRAINING PROGRAMS

County: Napa

Reporting Year: 2015

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Address:	Napa Valley College 2277 Napa-Vallejo Highway Napa, CA 94559			Telephone Number:	707-256-7632
Student Eligibility*:	Completion of First Responder class with a "C" or better. Possession of a CPR card.	Cost of Program:	**Program Level EMT		
		Basic: Refresher: n/a	863 Number of students completing training per year: Initial training: Refresher:	71 0	
			Continuing Education: Expiration Date:	0 12/31/20 19	
			Number of courses: Initial training: Refresher: Continuing Education:	2 0 0	
<p>*Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.</p>					
Training Institution: Address:	Napa Valley College 2277 Napa-Vallejo Highway Napa, CA 94559			Telephone Number:	707-256-7632
Student Eligibility*:	High School Diplomaa, EMT Certification, Anatomy & Physiology, Biology (all completed at a "C" or better.)	Cost of Program:	**Program Level Paramedic		
		Basic: Refresher: 0	3195 Number of students completing training per year: Initial training: Refresher:	71 0	
<p>Napa County EMS Agency Emergency Medical Services System Plan 2016</p>					

Continuing Education:	0
Expiration Date:	12/31/20
Number of courses:	
Initial training:	2
Refresher:	0
Continuing Education:	0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR, if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Napa

Reporting Year: 2015

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Address:	Pacific Union College One Angwin Ave. Angwin, CA 95403	Telephone Number:	<u>707-965-7032</u>
Student Eligibility*:	Open to enrolled students.	**Program Level	EMT
	Cost of Program: Basic: <u>\$8,100</u> Refresher: <u>\$1,620</u>	Number of students completing training per year:	<u>16</u>
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>12/31/20</u>
		Expiration Date:	<u>19</u>
		Number of courses:	<u>1</u>
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>1</u>

*Open to general public or restricted to certain personnel only

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level open to general public or restricted to certain personnel only.

Training Institution: Address:	Telephone Number: _____		
Student Eligibility*:	Cost of Program: Basic: _____ Refresher: _____	**Program Level Number of students completing training per year: Initial training: _____ Refresher: _____	Number of courses: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education:

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: DISPATCH AGENCY

County: Napa County

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	Napa Central Dispatch 1539 First Street Napa, CA 94558			Primary Contact:	Gus Ulloth
Telephone Number:	707-257-9222				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services: 29 EMD Training _____ BLS _____ ALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name: Address:	CalFire St. Helena Emergency Command Center 1199 Big Tree Road St. Helena, CA 94574			Primary Contact:	John Lovie
Telephone Number:	707-967-1409				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services: EMD Training _____ BLS _____ ALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

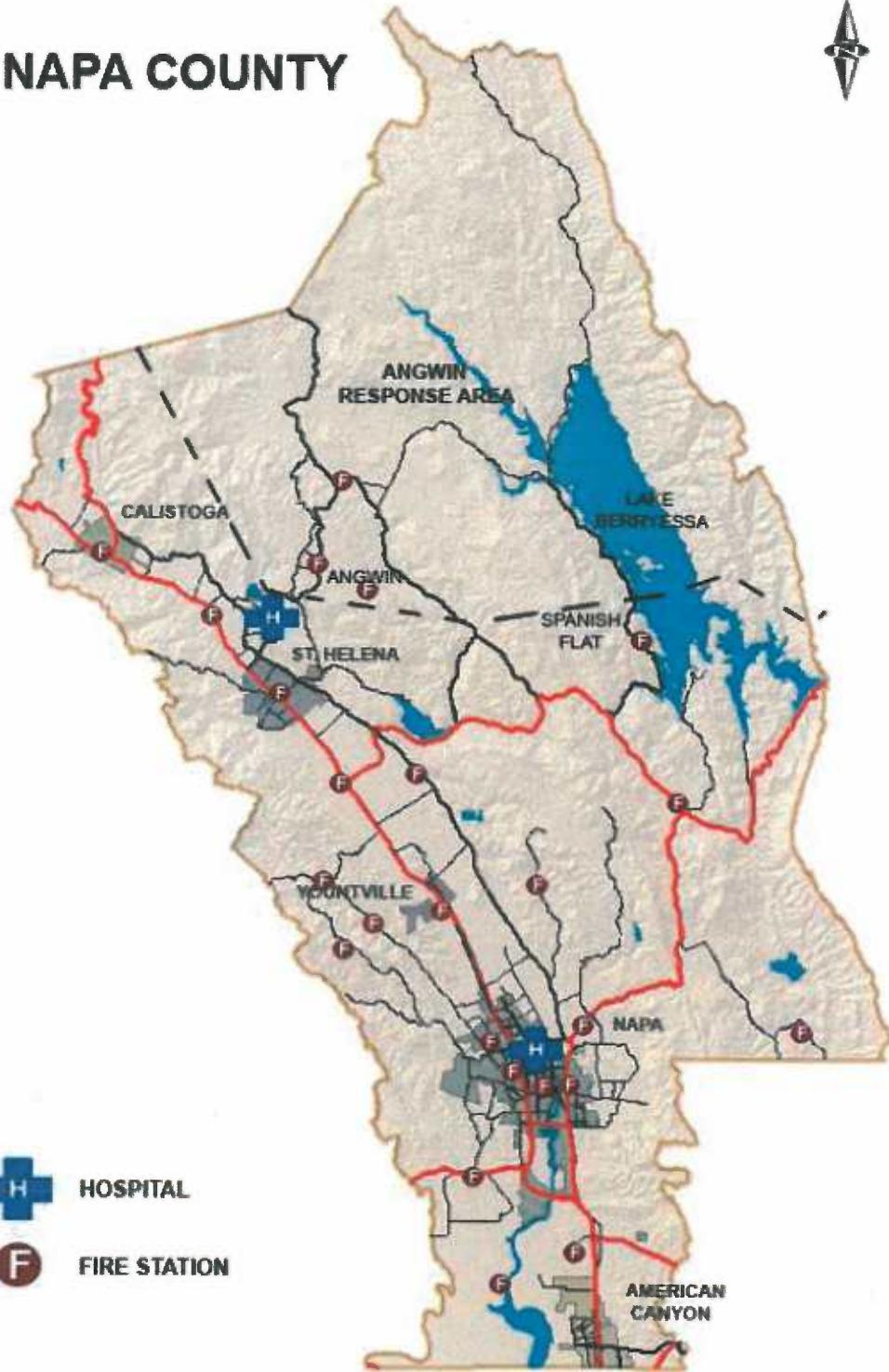
Local EMS Agency or County Name: Napa County EMS Agency
Area or subarea (Zone) Name or Title: Angwin Response Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Napa County Ambulance Service, Inc. (dba Angwin Community Ambulance – ACA)
Area or subarea (Zone) Geographic Description: See Napa County Ambulance Service Zone Map included with the EMS Plan. Angwin Response Zone is the Northeast portion of Napa County as indicated by the black dotted line.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). n/a
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. n/a

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Napa County EMS Agency
Area or subarea (Zone) Name or Title: EOA #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response (dba AMR West – Napa)
Area or subarea (Zone) Geographic Description: All of Napa County.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive franchise developed and implemented through a competitive RFP process. County BOS approved contract for service. Current Franchise was awarded the contract on January 2, 2012 which expires on January 1, 2017. The County BOS has extended the current contract, to extend exclusivity until January 1, 2022.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Services, All Emergency Ambulance, 9-1-1 Emergency Response, “7-Digit” Emergency Response, ALS Ambulance, All ALS Ambulance Services, All CCT/ALS Ambulance Services, Critical Care Transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
The Napa County FRP, AMR's proposal and the subsequent contract can be found on the Napa County EMS Agency website: http://www.countyofnapa.org/EMS/

NAPA COUNTY



HOSPITAL



FIRE STATION